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## LEGISLATIVE DEVELOPMENTS

90th Congress - Second Session

U.S. National Institutes of Health

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HEALTH MANPOWER ACT OF 1968  
(Administration-sponsored bill)

Implements the recommendations made in the President's Health Message of March 4, 1968. S. 3095, introduced by Senator Hill on March 5 (H.R. 15757, Staggers, March 5), "To amend the Public Health Service Act to extend and improve the programs relating to the training of nursing and other health professions and allied health professions personnel, the program relating to student aid for such personnel, and the program relating to health research facilities, and for other purposes."

Major provisions:

Title I - Health Professions Training

Part A - Construction Grants

- Sec. 101 Extension of Construction Authorizations  
Extends construction authorization (Sec. 720) through FY 1973 with appropriation authorizations of such sums as may be necessary for FY 1970-1973.
- Sec. 102 Federal Share  
Provides that the Federal share (Sec. 722) may be up to 66 2/3 upon determination by the Secretary that "unusual circumstances make a larger percentage necessary in order to effectuate the purposes of this part." In all other instances, the Federal share continues at maximum 50% level. (Applicable to projects for which grants are made from appropriations for fiscal years subsequent to FY 1969.)
- Sec. 103 Length and character of Federal recovery interest in facilities (Teaching facilities for medical, dental, and other health personnel)
- a. Amends Sec. 723(b) of the PHS Act to provide as follows: the facility shall cease to be used for the teaching purposes for which it was constructed unless the Secretary determines that it is being and will be used for--
    - (1) any teaching purposes for which a grant was authorized to be made under this part,
    - (2) research purposes, or research and related purposes, in the sciences related to health, or
    - (3) medical library purposes, or the Secretary determines, in accordance with regulations, that there is good cause for releasing applicant or other owner from obligation to do so.

- b. Amends Sec. 721(c)(2)(A) of the PHS Act to substitute for the present assurance that for not less than 10 years after completion of construction the facility will be used for teaching purposes for which constructed, an amendment which provides that "the facility is intended to be used for the purpose for which the application has been made."

Sec. 104 Grants for Multipurpose Facilities

Amends Sec. 722 of the PHS Act to add a new subsection (d) which would provide that in the case of a project for construction of facilities which are to a substantial extent (as determined in accordance with the Secretary's regulations) for teaching purposes and for which a grant may be made under this part, but which are also for research purposes or research and related purposes, in the sciences related to health or for medical library purposes, the project shall, insofar as all such purposes are involved, be regarded as a project for facilities with respect to which a grant may be made under this part.

Sec. 105 Grants for Continuing and Advanced Education Facilities

- a. Amends Sec. 721(c), (par. 3) PHS Act (dealing with approval of applications), to add language providing that "expansion or curtailment of capacity for continuing education shall also be considered expansion and curtailment, respectively, of training capacity."
- b. Amends Sec. 721(d) [par. (1)(A) which provides that, in considering applications for grants, the Council and the Surgeon General shall take into account...in the case of a project for a new school or for expansion of the facilities of, or used by, an existing school...] to insert "other than a project for facilities for continuing education."
- c. Amends Sec. 724(4) (relating to definition of the terms schools of medicine, dentistry, osteopathy, pharmacy, optometry, podiatry, and public health) to include in the definition "advanced training related to such training provided by any such school."

Part B - Institutional and Special Project Grants for Training of Health Professions Personnel (amends Sec. 770, 771, and 772 of the PHS Act to provide as follows:

Sec. 770 Authorization of Appropriations

- a. Authorizes appropriations for FY 1970 through FY 1973 of such sums as may be necessary for institutional grants (Sec. 771) and special project grants (Sec. 772).



- b. Provides that the portion of sums so appropriated for each fiscal year which shall be available for such grants shall be determined by the Secretary unless otherwise provided in the Act or Acts appropriating such sums.

Sec. 771 Institutional Grants

- a. Provides that sums available for institutions grants for FY 1970-1973 shall be distributed to schools of *medicine, dentistry, osteopathy, optometry, and podiatry* based on the following formula:

Each school shall receive \$25,000 with the remainder divided so that

- (1) 75% shall be distributed on the basis of--
    - (a) relative enrollment of fulltime students for such year; and
    - (b) relative increase in enrollment of students for such year over average enrollment of school for five school years preceding the year for which application is made; with amount per fulltime student computed so that a school receives twice as much for each such student in the increase as for other fulltime students.
  - (2) 25% shall be distributed on the basis of the relative number of graduates for such year.
  - (3) The sum computed (under above formula) for any school which is less than such school received for FY 1969 shall be increased to that amount.
- b. Stipulates that the Secretary shall not make a grant to any school unless application for such grant contains or is supported by reasonable assurances that for the school year beginning after the fiscal year for which grant is made and each school year thereafter the first-year enrollment of fulltime students in such school will exceed the average first-year enrollment of students for the five school years during the period July 1, 1963, through June 30, 1968, by at least 2 1/2% of average first-year enrollment, or by five students, whichever is greater. (This requirement shall be in addition to requirement of Sec. 721(c)(2)(D) relating to applications for construction to expand training capacity of existing schools.) However, the Secretary is authorized to waive (in whole or in part) the above provisions if he determines, after consultation with the National Advisory Council on Health Professions Educational Assistance that the required increase cannot be accomplished without lowering the quality of training provided, or if he determines "that to do so would otherwise be in the public interest and consistent with the purposes of this part."

- c. Stipulates that no grant under this section to any school for any fiscal year may exceed the total of the funds from nonfederal sources expended (excluding expenditures of a nonrecurring nature) by the school during the preceding year for teaching purposes (as determined in accordance with criteria prescribed by the Secretary) except that this paragraph shall not apply in the case of a school which has for such year a particular year-class which it did not have for preceding year.
- d. Provides that the term "fulltime students" means students pursuing a fulltime course of study leading to a degree of doctor of medicine or dentistry, or an equivalent degree, doctor of osteopathy, bachelor of science in pharmacy or doctor of pharmacy, doctor of optometry or an equivalent degree, doctor of veterinary medicine or an equivalent degree, or doctor of podiatry or an equivalent degree.

Sec. 772 Special Project Grants

- a. Provides that grants may be made for FY 1970-1973 to assist *schools of medicine, dentistry, osteopathy, pharmacy, optometry, podiatry, and veterinary medicine* in meeting the cost of special projects to plan, develop, or establish new programs or modifications of existing programs of education in such health professions or to effect significant improvements in curriculums or for research in various fields related to education in such health professions, or to develop training for new levels or types of health professions personnel, or to assist any such schools which are in serious financial straits to meet their operating costs or which have special need for financial assistance to meet accreditation requirements or to assist schools to meet costs of planning experimental teaching facilities or design thereof, or which will otherwise strengthen, improve, or expand programs to train personnel or help increase supply of adequately trained personnel in such health professions needed to meet health needs of the Nation.
- b. Amends Sec. 773(e) to provide that in determining priority of projects applications filed under Sec. 772 the Secretary shall give consideration to--
  - (1) the extent to which project will increase enrollment of fulltime students receiving the training for which grants are authorized under this part;
  - (2) relative need of applicant for financial assistance to maintain or provide for accreditation or to avoid curtailing enrollment or reduction in the quality of training provided; and

- (3) the extent to which the project may result in curriculum improvement or improved methods of training or will help reduce period of required training without adversely affecting quality thereof.
- c. Amends Sec. 774 to change the name of the Advisory Council to "National Advisory Council on Health Professions Educational Assistance" and to increase the membership thereof from 12 to 14.

### Part C - Student Aid

#### Sec. 121 Student Loans

- a. Amends Sec. 740 of the PHS Act to extend the authority of the Secretary of HEW to enter into agreements for the establishment and operation of student loan funds to 1973.
- b. Amends Sec. 742 relating to appropriation authorizations to provide such sums as may be necessary for FY 1970-1973.
- c. Adds a new section 746, Transfer of Funds to Scholarships, to provide that up to 20% of the amount paid to a school from appropriations for any fiscal year for Federal capital contributions, or a larger percentage as the Secretary may approve, may be transferred to scholarship grants.
- d. Amends Sec. 780 to include students of veterinary medicine among those eligible for scholarship grants.
- e. Adds a new section 781, Transfer to Student Loan Funds, to provide that up to 20% of amount paid to a school from appropriations for any fiscal year for scholarships, or such larger percentage as the Secretary may approve, may be transferred to the sums available to a school for student loans.
- f. Provides for a study of school aid and student aid programs with the Secretary required to submit a report on administration and appraisal of such programs to the President prior to July 1, 1972.

## Title II - Nurse Training

### Part A - Construction Grants

#### Sec. 201 Extension of Construction Authorization

Amends Sec. 801 of the PHS Act to authorize appropriations of such sums as may be necessary for FY 1970-1973 for grants to assist in the construction of new facilities for collegiate, associate degree, or diploma schools of nursing, or replacement or rehabilitation of existing facilities for such schools.

#### Sec. 202 Length of Federal Recovery Interest

- a. Amends Sec. 802(b)(2) of the PHS Act to provide that for not less than 10 years after completion of construction the facility will be used for the purposes of the training for which it is to be constructed (originally had been for a period of 20 years).
- b. Amends Sec. 804 to provide that recapture of payments can be made within 10 years (originally 20 years).

#### Sec. 203 Federal Share

Amends Sec. 803(a) of the PHS Act to provide that the Federal share may not exceed 50% except where the Secretary determines that unusual circumstances make a larger percentage necessary (which in no case may exceed 66 2/3%) in order to effectuate the purposes of this part.

#### Sec. 204 Inclusion of Trust Territory

Amends Sec. 843 to include the Trust Territory of the Pacific Islands in the term "State."

#### Sec. 205 Amendment of Definition of Collegiate School of Nursing

to include "advanced training related to such program of education."

#### Sec. 206 Effective Date

Amendments made by Secs. 201, 202, and 205 above will apply with respect to appropriations for fiscal years ending after June 30, 1969.

### Part B - Special Project and Institutional Grants to Schools of Nursing

#### Sec. 211-215 Special Project and Institution Grants

Amends Secs. 805 and 806, PHS Act, to provide as follows:



a. Sec. 805 - Improvement in Nurse Training.

From sums available from appropriations for FY 1970-1973, grants may be made to assist any public or non-profit private agency, organization, or institution to meet the cost of special projects to plan, develop, or establish new programs or modification of existing programs of nursing education or to effect significant improvements in curriculums of schools of nursing or for research in the various fields of nursing education, or to assist schools of nursing which are in serious financial straits to meet their costs of operation or to assist those schools which have special need for financial assistance to meet accreditation requirements, or to assist in otherwise strengthening, improving, or expanding programs of nursing education, or to assist any such agency, organization, or institution to meet the costs of other special projects which will help increase the supply of adequately trained nursing personnel needed to meet national health needs.

b. Sec. 806 - Institutional Grants

Provides that sums available for grants for FY 1970-1973 shall be distributed to schools based on the following formula:

Each school shall receive \$15,000 and of the remainder--

- (1) 75% shall be distributed on the basis of relative enrollment of fulltime students for such year and the relative increase in enrollment of students over the average enrollment of such school for the five school years preceding the year for which the application is made, with the amount per fulltime so computed that a school receives twice as much for each such student in the increase as for other fulltime students.
- (2) 25% shall be distributed on the basis of the relative number of graduates for such year.

- c. Provides that the term "fulltime students" means students pursuing a fulltime course of study in an accredited program in a school of nursing.
- d. Authorizes appropriations for FY 1970-1973 of such sums as may be necessary for improvement grants and institutional grants.
- e. Authorizes grants for planning special projects effective only with respect to appropriations for FY 1969.

### Part C - Student Aid

- a. Extends the program of traineeships for advanced training of professional nurses through FY 1973.
- b. Increases the amount of an individual student loan from \$1,000 to \$1,500.
- c. Provides that from the sums authorized to be appropriated to the Secretary of HEW for Federal capital contributions to student loan funds for any fiscal year, the Secretary shall allot to each school an amount which bears the same ratio to the amount so appropriated as the number of persons enrolled on a fulltime basis in such school bears to the total number of persons enrolled on a fulltime basis in all schools of nursing in all the States. The number of persons enrolled on a fulltime basis in schools of nursing for purposes of this section shall be determined by the Secretary for the most recent year for which satisfactory data are available to him.

### Part D - Scholarship Grants to Schools of Nursing

Amends as much of Part D of title VIII of the PHS Act as precedes Sec. 868 to provide as follows:

#### Sec. 860 - Scholarship Grants

- a. The Secretary shall make grants to each public or other nonprofit school of nursing for scholarships to be awarded annually.
- b. Amount of grant for FY 1970-1973 shall be equal to \$2,000 multiplied by one-tenth of number of fulltime students at such school.
- c. Maximum scholarship to any one student for any one year shall not exceed \$1,500.

### Miscellaneous

- a. Amends definition of accreditation when applied to any program of nurse education to include "or by a State agency."
- b. Provides for a study of school aid and student aid programs to be submitted by the Secretary to the President prior to July 1, 1972, on the administration of title VIII of the PHS Act including an appraisal of programs under this title in the light of their adequacy to meet the long-term needs for nurses and the Secretary's recommendations as a result thereof.

### Title III - Allied Health Professions and Public Health Training

- a. Extends the following programs through FY 1970 with an appropriation authorization of such sums as may be necessary:
  - (1) grants for construction of teaching facilities for allied health personnel,
  - (2) grants to improve the quality of training centers,
  - (3) traineeships for advanced training of allied health professions personnel, and
  - (4) grants for development of new methods for training of new types of health technologists.
- b. Provides that for any fiscal year after 1969, the Secretary of HEW may allocate up to one-half of 1% of appropriations for evaluation (directly or by grants or contracts) of the programs authorized above.
- c. Extends the following programs through FY 1973 with an appropriation authorization of such sums as may be necessary:
  - (1) project grants for graduate training in public health, and
  - (2) traineeships for professional public health personnel.
- d. Increases Public Health Training Advisory Committee per diem from \$50 to \$100.

### Title IV - Health Research Facilities

- a. Extends the program of grants for construction of health research facilities for four years, through FY 1973, with an appropriation authorization of such sums as may be necessary.
- b. Provides that applications for grants shall be made not later than June 30, 1972.
- c. Federal share--Provides that the Federal share shall not exceed 50%, except that the maximum amount of any grant (Federal share) shall be 66 2/3% instead of 50% "in the case of any class or classes of projects which the Secretary determines have such special national or regional significance as to warrant a larger grant" than one when the Federal share may not exceed 50%. However, not more than 25% of the funds appropriated for health research facilities construction grants for any fiscal year shall be available for grants in excess of 50% with respect to such class or classes of projects.
- d. Increases the per diem of members of the National Advisory Council on Health Research Facilities from \$50 to \$100.
- e. The amendments referred to above with respect to the Federal Share shall apply in the case of projects for which grants are made from appropriations for fiscal years ending after June 30, 1969.

Senate Hearings on Health Manpower Act of 1968

The Senate Labor and Public Welfare Subcommittee on Health held two days of hearings, March 20-21, on S. 3095, the Health Manpower Act of 1968 (a key Administration health measure), and S. 255 authorizing direct loans to health professions students studying outside the United States.

Dr. Philip R. Lee, HEW Assistant Secretary for Health and Scientific Affairs, the principal administration spokesman for S. 3095, was accompanied by Mr. Ralph K. Huitt, Assistant Secretary for Legislation; Dr. L. D. Fenninger, Director, PHS Bureau of Health Manpower; and Dr. Thomas J. Kennedy, Jr., Director, NIH Division of Research Facilities and Resources. Representatives from the American Association of Medical Colleges, the American Nurses' Association, and the National League for Nursing also presented testimony.

Dr. Lee devoted only a small portion of his testimony to the proposed amendment to health research facilities permitting up to 66 2/3% Federal matching for "facilities of special national or regional significance." Overall, the single feature of the bill generating most discussion proved to be nursing accreditation provisions in Title II, Nurse Training.

Senator Hill, Chairman of the full Committee and the Subcommittee on Health, reacted to the testimony as follows:

- (1) Expressed concern at the contrast between health research facilities authorizations (\$280 million for three years) and actual budget requests which ran less than a third of this total.
- (2) Asked about the effect of this bill on NIH, and wondered whether there wasn't an intent to bring biomedical research and biomedical education together organizationally. (Dr. Lee agreed that there was such an intent.)
- (3) Asked why, under Health Professions Educational Assistance, there were no institutional grants for schools of veterinary medicine or pharmacy. (Dr. Lee replied that it was decided not to make them eligible when it developed that at anticipated funding levels this would reduce existing awards to already eligible schools.)
- (4) Wanted a report on what progress was being made on the problem of increasing the supply of physicians and other health manpower. (It was agreed such a report would be supplied for the record. Dr. Lee added that, as a result of legislation to date, 5 new medical schools have opened their doors, 5 are under construction, and 4 are in the planning stage.) Senator Hill also asked for a listing of approved but unfunded construction awards.



- (5) Wondered why the bill requested a one-year extension for the Allied Health Professions program instead of four, as for other provisions. (Dr. Lee answered that there was still insufficient experience with the Allied Health program--just one year--to warrant the longer request.)

The American Medical Association provided some very interesting testimony from an NIH perspective. Representatives of the AMA were: Dr. William A. Sodeman, formerly Dean of the Jefferson Medical College, now serving as a member of the AMA Council of Medical Education; accompanied by Dr. C. H. William Ruhe, Director of the Division of Medical Education; and Mr. Bernard P. Harrison, Director of the AMA Legislative Department.

Portions of Dr. Sodeman's formal statement on S. 3095 follow:

As a result of that [HPEA] legislation and the ongoing efforts of the American Medical Association and the Association of American Medical Colleges to encourage the development of new schools and the expansion of existing schools, 17 new medical schools are now officially classed by the Liaison Committee of the two Associations as "in development." Further, the number of first-year students in all American medical schools has increased from 8,298 in 1960 to 8,964 in 1966 and is expected to increase to 10,200 by 1970.

As encouraging as these results may be, the urgent need for more physicians still exists. Recently, in a March 5, 1968, joint statement on Health Manpower, the American Medical Association and the Association of American Medical Colleges said, "to meet national expectations for health services, the enrollment of our nation's medical schools must be substantially increased." *Both Associations have endorsed the policy that all medical schools should now accept as a goal the expansion of their collective enrollments to a level that will permit all qualified applicants to be admitted.*

To achieve expanded enrollment, it will be necessary to have increased financial support from both government and private sources for the construction of additional facilities at existing schools and to create new schools. Equally important is increased support for the operational costs of medical schools and for educational improvement and innovation which could shorten the time required for medical education. The bill before the Subcommittee provides a means of furnishing the Federal component of the necessary financial resources....

#### Construction Grants

Section 101 extends the program of grants for construction for four years and authorizes "such sums as may be necessary" for appropriation in each year. *The lack of a "statutory ceiling" on the authorization for appropriations is justified in these circumstances.* As was pointed

out in the joint AMA-AAMC statement on Health Manpower, "initiative for development of new schools and expansion of the established institutions should be locally determined." It is difficult to predict exactly how many new schools will be initiated and how many existing schools will choose to expand in any given year, but it is important that Federal matching funds for construction be available as the plans of individual schools are developed and the local matching funds are obtained. Delays in Federal funding not only complicate local planning but may greatly increase total costs because of rising costs of construction and general inflation.

Another desirable provision of the proposed legislation permits a school to make one application to the Health Professions Educational Assistance Program rather than separate applications to different agencies for teaching, research, and library facilities. Since these are integral portions of any medical school, it is reasonable to incorporate them in a single application which can be considered as a whole. This should simplify and facilitate the process of obtaining Federal matching funds for construction.

The bill would also permit space for graduate and continuing medical education and other advanced training to be included in the construction project. This is a significant improvement, since graduate and continuing education should be treated as a part of the continuum of medical education in the modern medical center.

#### Institutional and Special Project Grants

The American Medical Association has long favored "diverse sources of support for medical schools under circumstances that prevent any extramural source from exercising controlling influence." Recently, the American Medical Association's Commission on Research recommended that there should be increased funds from both public and private sources for the support of educational programs in medical schools, to correct the imbalance between biomedical research and education caused by the "heavy, but desirable, Federal support of research." The recommendation further stated that there should be a greatly increased allotment of Federal funds for the operational expenses of medical schools, to be matched by those schools through private or local governmental sources, "with every effort...made to keep the Federal contribution on a supplemental basis."

S. 3095 would provide general institutional grants on a formula basis and special project grants, which together could provide the necessary level of operational support for medical schools. The proposed formula for the institutional grants appears reasonable and contains the desirable

provision that no school could receive more in any year than it expended for teaching purposes from non-Federal sources during the previous year. This would insure the important local matching and would "keep the Federal contribution on a supplemental basis."

The bill would require expansion of enrollment as a condition for receiving an institutional grant and the proposed formula provides further incentives for expansion. While this is generally desirable in view of the urgent need for more physicians, the American Medical Association feels some concern on conditioning operational support to maintain their present activities and a requirement that they must increase the student load in order to qualify for such support may serve to defeat the purpose of the program. Accordingly, we stress the importance of retaining the provision which authorizes the Secretary to waive the requirement for expansion if he determines that the increase in enrollment would lower the quality of the training provided.

...the enumeration and clarification of the purposes of the special project grants should prove helpful. In addition, we believe that the assigned priorities for project applications will encourage the development of curricular innovations and changes in the educational program to the end that enrollments will be increased and the time required for medical education shortened. These are two important objectives cited by the recent AMA-AAMC joint statement on Health Manpower.

REGIONAL MEDICAL PROGRAMS, AND  
MIGRATORY WORKERS HEALTH PROGRAM EXTENSIONS, AND  
THE ALCOHOLIC AND NARCOTIC ADDICT REHABILITATION AMENDMENTS OF 1968

Implements some of the recommendations made in the President's March 4 Health Message. H.R. 15758, introduced by Congressman Staggers, Chairman, House Interstate and Foreign Commerce Committee, on March 5, 1968, "To amend the Public Health Service Act so as to extend and improve the provisions relating to regional medical programs, to extend the authorization of grants for health of migratory agricultural workers, to provide for specialized facilities for alcoholics and narcotic addicts, and for other purposes." (S. 3094, Hill, March 5, contains only the provisions of H.R. 15758 relating to Regional Medical Programs.)

Major provisions:

Title I - Regional Medical Programs

1. Extends Regional Medical Programs and authorizes appropriations of \$65 million for FY 1969 and such sums as may be necessary for the next four fiscal years.
2. Program Evaluation--Provides that any appropriation under title II for any fiscal year ending after FY 1969, as the Secretary may determine, but not exceeding 1%, shall be available to the Secretary for evaluation (directly or by grants or contracts) of the Regional Medical Programs.
3. Extends coverage to the following: Puerto Rico, Virgin Islands, Guam, American Samoa, and the Trust Territory of the Pacific Islands.
4. Amends Sec. 903(a) [Grants for Planning] and Sec. 904(a) [Grants for Establishment and Operation of Regional Medical Programs] relating to "grants to public or nonprofit private universities, medical schools, research institutions, and other public or nonprofit private agencies and institutions" to add "and combinations thereof."
5. Increases the membership of the National Advisory Council on Regional Medical Programs from 12 to 15.
6. Adds a new section providing "Project Grants for Multiprogram Services." Funds appropriated under title IX shall also be available for grants to any public or nonprofit private agency or institution for services needed by, or which will be of substantial use to, any two or more regional medical programs.



7. Provides for certain clarifying or technical amendments as follows:

- a. Amends Section 901(c) to permit referral of patients to be by "where appropriate, a practicing physician" in addition to referral by "a practicing physician."
- b. Amends Section 901 to add a new subsection permitting that "grants...to any agency or institution for a regional medical program may be used by it to assist in meeting the cost of participation in such program by any Federal hospital."

## Title II - Migratory Workers

Extends the program of "Special Grants for Health of Migratory Workers" through FY 1970 with an appropriation of \$9 million for FY 1969 and such sums as may be necessary for FY 1970.

## \*Title III - Alcoholic and Narcotic Addict Rehabilitation

Part A - Alcoholic Rehabilitation - Amends the Community Mental Health Centers Act by adding after Part B the following new part: Part C - Alcoholism.

### 1. Construction Grants

Provides that community mental health centers would be eligible to receive grants for construction of facilities for the prevention and treatment of alcoholism including post-institutional aftercare and rehabilitation. Such grants may not exceed 66 2/3% of cost thereof.

### 2. Staffing, Operation, and Maintenance Grants

- a. Provides that grants may be made for staffing, operation, and maintenance of new facilities for prevention and treatment of alcoholism or of new services in facilities for prevention and treatment thereof.
- b. Requires that in making such grants the Secretary of HEW take into account relative needs of the several States for alcoholism programs, relative financial need of applicants, and relative population of area to be served.
- c. Provides for Federal share of grants up to a maximum percentage of the cost of the project as follows:
  - 90% for the first year,
  - 80% for the second year thereafter,
  - 70% for the third year thereafter,
  - 60% for the fourth year thereafter, and
  - 50% for each of the next six years thereafter.

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\* Title III incorporates the provisions of H.R. 15281, Alcoholic and Narcotic Addict Rehabilitation Amendments of 1968, introduced previously by Congressman Staggers on February 8.

(These grants for staffing, maintenance, and operation would be for a longer period and carry a higher Federal share than the regular Community Mental Health Centers program which were as follows:

- 75% for the first 15 months,
- 60% for the first year thereafter,
- 45% for the second year thereafter, and
- 30% for the third year thereafter.)

### 3. Specialized Facilities

- a. Provides that grants may also be made for projects for construction, operation, staffing, and maintenance of specialized residential and other facilities, such as halfway houses, day-care centers, and hostels, for treatment of homeless alcoholics requiring care in such facilities.
- b. Stipulates that such grants may be made with respect to facilities which
  - (1) are affiliated with a community mental health center providing at least those essential elements of comprehensive community mental health services which are prescribed by the Secretary;
  - (2) are not so affiliated but with respect to which satisfactory provision (as determined by the Secretary) has been made for utilization of existing community resources needed for an adequate program of prevention and treatment of alcoholism.

Part B - Narcotic Addiction - Amends the Community Mental Health Centers Act by inserting after Part C (see above) the following new part:

Part D - Narcotic Addict Rehabilitation.

#### 1. Program of Treatment

Provides for project grants to public or nonprofit private agencies and organizations to assist them in constructing, operating, staffing, and maintaining treatment centers and facilities (including post-hospitalization treatment centers and facilities) for narcotic addicts within the States.

#### 2. Training and Evaluation

Authorizes the Secretary during the period beginning July 1, 1968, and ending June 30, 1970, to make grants to any public or nonprofit private agencies and organizations to cover part or all of the cost of:

- a. developing specialized training programs or materials relating to the provision of public health services for the prevention and treatment of narcotic addiction, or developing in-service training or short-term or refresher courses with respect to the provision of such services;
- b. training personnel to operate, supervise, and administer such services; and
- c. conducting surveys and field trials to evaluate adequacy of the programs for prevention and treatment of narcotic addiction within the several States with a view to determining ways and means of improving, extending, and expanding such programs.

(The section of the Narcotic Addict Rehabilitation Act dealing with financial assistance to States and communities for aftercare programs would be allowed to expire on June 30, 1968.)

Part C - General - Amends the Community Mental Health Centers Act by inserting after Part D (see above) the following new part: Part E - General Provisions.

1. Authorization of Appropriations for Rehabilitation of Alcoholics and Narcotic Addicts
  - a. Authorizes appropriations for FY 1969 and the next fiscal year such sums as may be necessary for project grants for construction, operation, staffing, and maintenance of facilities for prevention and treatment of alcoholism (including specialized residential and other facilities) under Part C or the prevention and treatment of narcotic addiction under Part D. Sums appropriated for any fiscal year shall remain available for obligation until the close of the next fiscal year.
  - b. Authorizes appropriations for FY 1971 and each of the next seven fiscal years of such sums as may be necessary for continuation grants with respect to any project under Part C or D.
2. Program Evaluation

Provides that any appropriation under this title for any fiscal year ending after FY 1968, as the Secretary may determine, but not exceeding 1%, shall be available to the Secretary for evaluation (directly or by grants or contracts) of the programs authorized by this title.

3. Facilities Relating to Rehabilitation of Alcoholics or Narcotic Addicts

Provides that in the case of any community mental health center which includes facilities for the prevention and treatment of alcoholism or narcotic addiction, the percentage of the cost to be met and the duration of such portion of the grant shall, subject to limitations in accordance with regulations, be determined as though the grant is being made for operation, staffing, and maintenance of facilities under Part C or Part D.

4. Facilities Relating to Rehabilitation of Alcoholics or Narcotic Addicts

Amends Section 403 of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 to add a new subsection at the end which would allow States to use up to \$50,000 or 2% of their allotments for construction of Community Mental Health Centers (Part A of Title II) to pay up to 50% of the cost of administering the program at the State level.

House Hearings on H.R. 15758

The House Interstate and Foreign Commerce Subcommittee on Public Health and Welfare, temporarily chaired by Congressman Rogers (Florida) (regular Subcommittee Chairman is Congressman Jarman [Oklahoma]), held three days of hearings, March 26-28.

Administration and citizen witnesses testified in support of the Regional Medical Programs extension on the first two days of the hearings. The third day was devoted to witnesses testifying on the titles of the bill dealing with health of migratory workers and the alcoholism and narcotic addict rehabilitation provisions.

Dr. Philip R. Lee, HEW Assistant Secretary for Health and Scientific Affairs, accompanied by Dr. Robert Q. Marston and other HEW representatives, presented an 18-page statement in support of the bill. Portions of his testimony relating to the Regional Medical Programs extension follow:

The progress already made has justified our expectation that this program would significantly improve the effectiveness and quality of medical care for those who suffer from the major killer diseases.

The program is already bringing together diverse groups in the health field in an unprecedented fashion and in a manner that results in a consideration of the unfilled health needs of the region, rather than those of the individual institutions. Despite the present shortage of manpower, the program has been successful in recruiting throughout the Nation talented persons willing to make firm career commitments to achieving the goals of the program. The programs have earned the



support of the major health resources--professional and voluntary--at the national and regional levels. They have helped overcome hostilities and divisions which have existed in some cases for generations.

Indeed, there has been a positive response to this Committee's mandate in the original legislation that this program would be community based--that the responsibility for planning and organizing the operation of the program would belong to the region, not to the Federal Government.

As evidence of this response almost 1,000 medical institutions are participating in the Regional Medical Programs, including every medical school and hundreds of hospitals. This involvement of medical schools and other teaching and research institutions helps develop close and continuous contact between medical advances and their application in the community.

Almost 800 health organizations are participating, including every State medical society, State health department, State heart association, and State cancer society.

Over 7,000 nonfederal connected individuals are now actively engaged in the programs, including 1,800 employed either full or part-time by the regional programs, over 1,900 members of the regional advisory groups required by the law who must advise on the development of the programs and approve all operational activities before they can be funded, and members of various subcommittees, task forces, and local action groups, who are contributing their time. This represents an involvement not only of the experts in the region but also the health personnel at the grassroots level.

Data supplied by Dr. Lee in his testimony showed this participation in RMP activities:

INDIVIDUALS	7200	ORGANIZATIONS	779
Staffs of 54 Programs	1800	State Medical Societies	<u>/52/</u>
Members of Regional		County Medical Societies	<u>90</u>
Advisory Groups	1900	State Health Departments	<u>/52/</u>
Subcommittee Members	2500	State Cancer Societies	<u>/51/</u>
Local Action Group Members	1000	State Heart Associations	<u>/52/</u>
		State Hospital Associations	40
INSTITUTIONS	934	Areawide Health Facility	
		Planning Agencies	30
Hospitals	<u>800</u>	State Dental Associations	29
Medical Schools	<u>/103/</u>	Other Professional Societies,	
Dental Schools	18	Local Voluntary Agencies,	
Schools of Public Health	13	etc.	383

     100% Participation

## CHILD HEALTH ACT OF 1968

(Administration sponsored)

S. 3323 introduced by Senator Long (La.) on April 11 embodied the recommendations in the President's Health Message to bring about improved maternity and infant care by increasing the authorization of funds under Title V of the Social Security Act. The bill also included provisions designed to reduce drug costs under the medicare and medicaid programs.

S. 3323, a bill "to amend the Social Security Act to improve the programs relating to the health of children and mothers, to provide for the determination of drug costs under the medicare, medicaid, and child health programs, and for other purposes."

(The Senate Finance Committee, to which S. 3323 was referred, has not scheduled any hearings at this time.)

Major provisions in brief:Title I - Improvement of Child Health.

Effective July 1, 1969, extends Title V of the Social Security Act relating to maternal and child health services to include in the case of low-income families (a) comprehensive maternity care ("prenatal care, care during and after childbirth, and inpatient hospital services related to such care"), (b) "comprehensive health care for infants during the first year of life", and (c) "family planning services."

Proposes increases in the authorization of funds under Title V beginning fiscal year 1970 with appropriation authorizations of such sums as Congress may determine.

Title II - Drug Cost Determination under Medicare and Medicaid Programs.

Proposes a formulary, including a reasonable cost range of drugs, to be established by the Secretary of HEW, for prescription drugs furnished under medicare, medicaid, and other Social Security health and welfare programs.

(In introducing S. 3323, Senator Long stated, "In large part, the President's drugs recommendation follows the amendment which I offered last year....It provides that Federal reimbursement under medicare and medicaid would not be made for high-priced drugs when there are lower cost counterparts available which are of proper quality." I have made one change in the administration amendment with respect to drugs. A new provision is included which provides for the selection by the Secretary of HEW of the drugs to be reimbursed under the public programs.")

Title III - General--Application of payment incentives demonstrated to be effective in promoting economy without impairing quality of care.

Provides that the Secretary may determine "that a particular method of payment or reimbursement is effective in providing incentives for increasing the economy and efficiency of health services without adversely affecting the quality of such health services."

Senator Long commented on the above Title III as follows:

The Child Health Act contains a provision which would authorize the Secretary to apply different methods of payment and reimbursement of providers of services to medicare recipients where he feels those methods will achieve economy without impairing good medical care.... I must say that I do have some reservations with respect to this latter provision. The Social Security Amendments of 1967 authorized experiments with different methods of reimbursing doctors and hospitals-- however, these were to be employed on a voluntary basis.

The Secretary was then to report to the Congress on the results of the experiments. Under this new provision, however, no report to the Congress is required and there is no requirement that application of these new methods be voluntary....

It seems to me that the Congress might want to review the results of the reimbursement experiments presently authorized before the Secretary is granted blanket authority to employ on a broad scale whatever method of reimbursement he deems best. Congress might not feel that the method he chooses is best, but it will have already abdicated any decisive voice in the matter under this provision in the bill.

## ROLE OF THE FEDERAL GOVERNMENT IN HEALTH CARE

The Senate Government Operations Subcommittee on Executive Reorganization, chaired by Senator Abraham Ribicoff (Conn.), began a series of hearings on April 22 on "the efficiency, economy, and coordination of public and private agencies' activities and the role of the Federal Government in organizing, financing, and delivering health care."

In announcing the hearings on medical costs, Senator Ribicoff stated that there were certain issues involved in the rapid increase in medical costs which his Subcommittee would consider during the hearings. These were

First, health and medical care costs have increased--by and large--for very sound reasons: staff, salaries, new equipment and technology, greater use of our health and medical care facilities.

Second, the rising costs--though shocking--are symptoms of much more serious problems.

Third, these more serious problems relate to the fundamental questions of how we organize, finance, and deliver health and medical care in America--and how we should organize, finance, and deliver it.

Witnesses during the first week of the hearings, April 22-26, presented varied solutions to the costly health care problem. For example, Governor Nelson Rockefeller, New York, proposed a program of compulsory national health insurance combined with hospital cost controls.

In testifying before the Subcommittee on April 26, Secretary of HEW Wilbur Cohen stated, "We must explore a variety of new approaches to the organization and delivery of services." He referred to the National Center for Health Services Research which is being established "to lead the Federal effort to improve the quality and availability of health services and find ways to help curb rising costs. The Center will work with universities, industry, hospitals, practitioners, and research institutions to seek new ways to improve the delivery of health care."

The Secretary further stated that

Improvement in the organization and distribution of health services is also being sought through two other major efforts including the Department, the States, and a large portion of the health care community. First, the Regional Medical Programs will make more readily available the best in modern medical science to people suffering from or threatened by heart disease, cancer, stroke, and



related diseases. These Regional Medical Programs--alliances between medical schools, hospitals, and local doctors--have been established in 53 regions covering the entire population....Recently in keeping with the Department's efforts at controlling costs, the Regional Medical Programs guidelines have been revised to place greater emphasis on projects which ameliorate rising costs....

The second major effort is embodied in the Partnership for Health Act. This Act is intended to strengthen planning at all levels--local, State, regional, and Federal--and to encourage comprehensive, rather than categorical, public health services. One of the most promising signs in the battle against rising medical costs is the extent to which...areawide planning has gained acceptance among leaders in the health care community.

In connection with *manpower needs*, the Secretary commented that

The bringing together of the Bureau of Health Manpower and the biomedical research programs of NIH in a new agency will help us to strengthen the educational institutions and it should help us stimulate innovation in education and training programs. These changes are sorely needed and there is great interest in the health professions schools in a wide range of changes in utilization of health manpower which, as I have indicated, is really the key to better and more effective services.

With respect to *insurance coverage*, he stressed that

Most of the private insurance coverage that is available today must be broadened, particularly to add coverage of preventative, ambulatory, therapeutic, diagnostic, and rehabilitation services....I believe the Congress should examine ways in which the Federal Government might assist the nonprofit and commercial insurance companies to cover low-income persons....

On the subjects of *reimbursement formulas* and *drug costs*, the Secretary stated that

Agreements are expected to be made with a number of hospitals and other organizations and with community groups and physicians under which they will engage in experiments with reimbursement systems.... S. 3323, the Child Health Act of 1968, would permit such application of reimbursement methods that may be proved effective through experimentation....

The cost of drugs represents another area that calls for action.... An interim report of a Task Force on Prescription Drugs recommended legislation to permit the establishment of limits on Federal participation in reimbursement for drugs covered under the Medicare, Medicaid, and Maternal and Child Health programs so that there would be participation only within a reasonable cost range. The Task Force also recommended legislation to permit the establishment of a Federal drug compendium....[S. 3323] would accomplish these objectives.

## NATIONAL COMMISSION ON HEALTH SCIENCE AND SOCIETY

The Senate Government Operations Subcommittee on Government Research, chaired by Senator Harris (Okla.), held 17 days of hearings, beginning March 7 and ending April 2, on S.J. Res. 145, introduced by Senator Mondale (Minn.) on February 8 with 16 co-sponsors.

S.J. Res. 145 would provide for the establishment of a 15-member Presidential Commission on Health Science and Society appointed from representatives of medicine, law, science, theology, philosophy, ethics, health administration, and government.

The proposed Commission would undertake a comprehensive investigation and study of the legal, social, and ethical implications of medical research including an evaluation of the public and private national effort in the field of health science research and would report to the President and the Congress within one year on its findings and recommendations.

In announcing the hearings, Senator Harris stated that the "crucial question" seems to be: "Are our social institutions, national resources, and national policies able to keep pace with new medical techniques, the increased impact of biomedical innovation, and the evolving character of the doctor-patient relationship?" He said the Subcommittee hearings would "open the way for the proposed Commission's comprehensive study by providing it with a suggested agenda for its consideration. The hearings are also designed to stimulate and step up the national dialogue on the ethical, legal, social, and political implications of biomedical advances with an emphasis on identifying public policy issues and alternative means for resolving these issues." Senator Harris further stated that "large-scale Federal support for biomedical research through Federal funds appropriated by the Congress makes it incumbent upon us to consider matters relating to the public interest."

In his opening statement on March 7 in behalf of his resolution, S.J. Res. 145, Senator Mondale stated that the "purpose of his proposal is not to question the value of research in health technology or to interfere with medical and biologic research and progress, but to be sure that the implications of such advances are fully understood." He stated that "The transplantation of human organs already has raised serious public questions as who shall live and who shall die."

During the course of the hearings, physicians and scientists appearing as witnesses generally supported the provisions of S.J. Res. 145. However, some reservations were expressed concerning the appointment of a Federal Commission to deal with the issues involved and the possibility that scientific advances might be inhibited.

General support of S.J. Res. 145 was indicated in statements submitted to the Subcommittee on April 1 by Dr. Theodore Cooper, Director of the National Heart Institute, and Dr. Frank Hastings, Chief of the Artificial Heart Branch.

On April 2, Dr. James A. Shannon, Director of NIH, appeared before the Subcommittee. In his testimony, Dr. Shannon stated:

In my view, a Commission of this kind could serve a useful purpose as a forum for discussion of these pressing issues now facing our society, and I welcome the creation of such a mechanism. The Commission could examine very productively the various components of our health system and the ways in which they interrelate. I do believe the Commission should concern itself with principles and systems of operation. It should not involve itself in decision-making that relates directly to the operation of individual units of the systems. It should deal with the problems of today and prepare the profession and the public to deal with problems of tomorrow. For example, in the field of human genetics, I believe today's problems are primarily those of premarital genetic counseling, while problems of "genetic engineering" will be the problems of tomorrow, that is 20 years or more away.

I do have one additional reservation about the concept of the Commission as I see it embodied in S.J. Res. 145. I believe it would be a mistake to consider health problems as if they were isolable. Health problems should not be considered separately from those of education, science, and broad social needs. I have seen, for some time, the need for a mechanism to provide such a broad perspective.

I have proposed to several segments of the Executive Branch the need for a "Council on Academic Science and Higher Education" (although the name is less important than the concept). Such a Council could review, among other things, many of the interrelationships of science, education, and service programs now centered or indeed having their origins in our universities and their extensions into industry and the public at large. It could also consider how best to achieve broad national policies in these areas within our societal and political framework.

It is crucial that the broad problems we are discussing be considered as they mesh, or fail to mesh, in our society at large. Therefore, it would not be advisable, in my view, to create a board, commission, or other entity, which would study programs and program priorities in health, without relating these to the many other pervasive problems which our society must face.



## HEALTH CARE

On April 17, Senator Kennedy (Mass.) introduced the following bills:  
S. 3331 "to establish a National Advisory Council on Health Policies which will have the responsibility of setting goals for a national health policy for the United States and making recommendations for the attainment of such goals"; and S. Con. Res. 69 "to establish a Joint Congressional Committee on Health Affairs."

(Both bills were referred to the Senate Labor and Public Welfare Committee which has not scheduled hearings at this time.)

Major provisions of S. 3331:

1. Provides for the establishment of a National Advisory Council on Health Policies in the Executive Office of the President, composed of three members who shall be of "distinguished competence in the health field."
2. Duties and functions of the Council would be to conduct studies, research, and investigations for the purpose of setting goals for a national health policy for the U.S. and of making recommendations to the President and the Congress of various means whereby such a policy may be attained. In carrying out the above, the Council shall:
  - (a) conduct a continuous evaluation of policies and programs related to the Nation's health (including disaster planning) and make recommendations for their revision, expansion, and improvement;
  - (b) initiate, study, and develop measures designed to assure the provision of adequate manpower, services, and facilities for the Nation's health, including the mobilization, allocation, and utilization of such manpower, services, and facilities;
  - (c) evaluate studies and surveys made by or concerned with Federal Departments and Agencies in relation to the Nation's health needs and resources;
  - (d) advise and consult with Federal Departments and Agencies (including the Bureau of the Budget) on policies and programs concerned with health services, manpower, and facilities; and
  - (e) upon request of the President with respect to any matters concerning the Nation's health, submit to him such information, data, etc., as he may request.



3. The Council shall submit to the President and the Congress an annual report of its activities, together with a statement of national health policies established by it and recommendations of measures designed for the attainment of such goals.
4. The Bureau of the Budget shall cooperate with the Council and shall review existing Federal health programs aimed at determining to what extent consolidation of such programs will contribute to their effectiveness. Upon determination by the BOB that consolidation of certain programs will be more effective, it shall prepare and submit to the President and the Council specific legislative proposals designed to effectuate such consolidation.

Major provisions of S. Con. Res. 69:

1. Provides for the establishment of a Joint Committee on Health Affairs, composed of 12 members of the Senate and 12 members of the House of Representatives, to conduct a full and complete study, investigation, and review of all Federal legislation relating to health and of the manner in which such legislation is administered in the executive branch with a view to
  - (a) determining the extent (if any) to which increased and improved health services will result from the infusion of additional Federal funds into health programs;
  - (b) evaluating effectiveness of Federal grants-in-aid system of assisting regional, State, and community health planning and services, determining whether consolidation of grants and simplification of grant-making process is desirable and feasible, and determining whether greater uniformity in equalization formulas for such grants can be developed;
  - (c) identifying and making recommendations designed to overcome any gaps and overlaps in existing Federal health legislation, recommending modifications in existing legislation, and organizational and operational methods for carrying it out;
  - (d) determining what changes (if any) should be made within the executive branch in order to further coordinate and improve the administration and planning of Federal programs relating to health; and
  - (e) determining direction and future needs in health legislation in order to maximize the effectiveness, economy, and efficiency of administration of Federal programs in the health area.

2. Provides that the Joint Committee shall cooperate with other Congressional Committees concerned with health or cost of health services for the purpose of advising and recommending to such other Committees as to
  - (a) means of assuring that the social and economic benefits to be derived from Federal health programs will be commensurate with the costs of such programs;
  - (b) methods for reducing or standardizing costs of health services; and
  - (c) alternative methods of providing and delivering health care at reduced costs.
3. Stipulates that the Joint Committee shall report from time to time to the Senate and House of Representatives on the results of its studies, investigations, and reviews, together with conclusions and recommendations, with the first such report to be made not later than 120 days after establishment of the Joint Committee and the final report not later than June 30, 1971.
4. Provides that expenses of the Joint Committee shall not exceed \$1.250 million through June 30, 1971.

## II. LEGISLATIVE DIGEST

<u>Bill Title, Number, and Author</u>	<u>Description</u>	<u>Congressional Action</u>
Radiation Control for Health and Safety Act of 1968 (Administra- tion supported) H.R. 10790, Rogers (S. 2075, Hill)	Provides for the establishment by the Secretary of HEW of an electronic product radiation control program. This program would include the development and administration of performance standards to control electronic product radiation emissions. Provides also for planning, conducting, coordinating, and supporting research, development, and training to minimize undesirable and necessary exposure of people to radiation from electronic products.	House Interstate and Foreign Commerce Committee reported the bill, amended, March 12 after hearings by its Subcommittee on Public Health and Welfare. The House passed the bill on March 20 after adoption of Committee amendments.
Health Personnel Act of 1968 H.R. 15760, Staggers (S. 3096, Hill) Administration sponsored	Amends the PHS Act to establish an improved and modernized health personnel system in the DHEW. (1) Is based on the "rank-in-man" concept recognizing the contribution of the individual. (2) Provides for 12 classes into which officers will be placed depending on training and experience. (3) Provides option for Civil Service personnel in categories designated by the President, and all PHS commissioned officers, to transfer to the Health Service system. (4) Provides that individuals in health and health-related occupations designated by the President will be eligible for appointment in the Health Service system. (5) Provides that normal salary range will be from \$5,565 for Class 12 to \$30,000 for Class 1. Special pay scales may be prescribed by the President for scarce category personnel for Classes 12 through 2, which may result in salaries exceeding \$30,000.	None. It is not expected that these bills will be acted upon during this Congress.

<u>Bill Title, Number, and Author</u>	<u>Description</u>	<u>Congressional Action</u>
Extension of Higher Education Student Assistance Programs H.R. 16729, Perkins Administration bill	Removes certain provisions from the Administration's Higher Education Amendments Act of 1968 relating to the extension of four student aid programs due to expire on June 30, 1968, and places them in a separate bill, H.R. 16729. These provisions would: (1) Extend through fiscal year 1970 the student loan program carried on under title II of the NDEA; (2) Extend through fiscal year 1970 the college work-study program carried on under title I of the Economic Opportunity Act; (3) Extend through 1970 the educational opportunity grant program carried on under part A of title IV of the Higher Education Act of 1965; (4) Extend through fiscal year 1970 the provisions of the guaranteed student loan program carried on under part B of Title IV of the Higher Education Act of 1965, and strengthen its provisions by (a) raising the ceiling on interest rates for student loans from 6% to 7%, (b) providing for Federal reinsurance of loans guaranteed by the States, (c) authorizing additional funds for advances to the reserve funds of State programs, and (d) merging the National Vocational Student Loan Insurance Act into the Higher Education Act; and (5) Provide advanced funding authority for the four student assistance programs.	The House Education and Labor Special Subcommittee on Education conducted 13 days of hearings on the Higher Education Amendments Act of 1968, during February and March 1968. H.R. 16729 was reported by the full Committee on April 23 and is expected to be considered on the House Floor during the week of May 6.
United States Drug Compendium Act of 1968 H.R. 15759, Staggers (S. 3146, Hill) Administration sponsored	Would amend the Federal Food, Drug, and Cosmetic Act to provide for U.S. Compendium of Drugs which would list all prescription drugs under their generic names together with reliable, complete, and readily accessible prescribing information and include brand names, suppliers, and a price information supplement, and provide for a distribution of the compendium to physicians and others.	None



<u>Bill Title, Number, and Author</u>	<u>Description</u>	<u>Congressional Action</u>
National Science Foundation Act Amendments H.R. 5404, Daddario (S. 2598, Kennedy, Mass.)	Would "amend the National Science Foundation Act of 1950 to make changes and improvements in the organization and operation of the Foundation, and for other purposes."	H.R. 5404 was passed by the House, April 12, 1967. Senate Labor and Public Welfare Special Subcommittee on Science, chaired by Sen. Kennedy (Mass.) held hearings on H.R. 5404 and S. 2598, Nov. 15-16, 1967. On Feb. 29, 1968, the Subcommittee ordered H.R. 5404 reported to the full Committee which has taken no further action.
National Institutional Grants Program H.R. 875, Miller (S. 2995, Young; S. 2998, Burdick)	Would promote the advancement of science and the education of scientists through a national program of institutional grants to the colleges and universities of the U.S.	None.
Safe Water Act of 1968 H.R. 15899, Staggers (S. 3147, Hill) Administration sponsored	Would amend the PHS Act so as to help secure safe community water supplies, and for other purposes.	None.

<u>Bill Title, Number, and Author</u>	<u>Description</u>	<u>Congressional Action</u>
Occupational Safety and Health Act of 1968 H.R. 14816, O'Hara (S. 2864, Yarborough)	Authorizes the Secretary of Labor to set standards to assure safe and healthful working conditions for men and women; authorizes the Secretary of HEW to provide for research, information, education, and training in the field of occupational safety and health.	House Education and Labor Select Subcommittee on Labor, 10 days of hearings, February 1 through May 2.
The Artificial Organ, Transplantation, and Technological Development Act of 1968 S. 2882, Jackson (co-sponsored by Sen. Magnuson) (H.R. 14937, Roybal; H.R. 15126, Foley; H.R. 15237, Brown)	Would amend the PHS Act to provide for a comprehensive review of the medical, technical, social, and legal problems and opportunities which the Nation faces as a result of medical progress toward making transplantation of organs, and the use of artificial organs, a practical alternative in the treatment of disease; to amend the PHS Act to provide assistance to certain nonfederal institutions, agencies, and organizations for the establishment and operation of regional and community programs for patients with kidney disease and for the conduct of training related to such programs.	None

<u>Bill Title, Number, and Author</u>	<u>Description</u>	<u>Congressional Action</u>
Humane Laboratory Animal Treatment Act of 1967 H.R. 13168, Rogers and 20 co-sponsors (S. 2481, Javits and 8 co-sponsors)	Amends the PHS Act to provide special assistance for the improvement of laboratory animal research facilities; to establish standards for the humane care, handling, and treatment of laboratory animals in departments, agencies, and instrumentalities of the U.S. and by recipients of grants, awards, and contracts from the U.S.; to encourage the study and improvement of the care, handling, and treatment and development of methods for minimizing pain and discomfort of laboratory animals used in biomedical activities; and to otherwise assure humane care, handling, and treatment of laboratory animals.	None
Establishment of a National Eye Institute H.R. 12843, Staggers (S. 325, Hill and 50-cosponsors; S. 392, Moss)	Would amend the PHS Act to authorize establishment of an institute for the conduct and support of research for new treatment and cures and training relating to blinding eye diseases and visual disorders.	House Interstate and Foreign Commerce Subcommittee on Public Health and Welfare held hearings, October 20 and 31 and Nov. 1, 1967.
Establishment of a National Kidney Institute H.R. 1433, Whalley	To conduct and support research and training relating to kidney diseases and disorders, including research and training in special health problems and requirements.	None
Establishment of a National Institute on Emphysema and Respiratory Diseases H.R. 10183, Joelson	To conduct and support research and training relating to emphysema and respiratory diseases, including research and training in special health problems and requirements.	None

<u>Bill Title, Number, and Author</u>	<u>Description</u>	<u>Congressional Action</u>
Establishment of a National Institute of Marine Medicine and Pharmacology S. 2661, Magnuson	Would amend the PHS Act to authorize the establishment of an institute for the conduct of and support of research of the sea and its products with a view to advancing scientific knowledge which can be applied toward the causes, diagnosis, prevention, treatment, and control of physical and mental diseases and impairments of man.	None
Relief of Certain Nonprofit Medical Research Institu- tions H.R. 511, Dulski (S. 1459, Javits)	Provides that each institution to which a grant was made pursuant to Sec. 301(d) of the PHS Act for any project carried on at any time between 1/1/55 and 12/31/64 is relieved of liability to repay the U.S. any funds received under such grant as payment for actual or imputed indirect project expenses.	None





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